

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All

The following ambulatory services are provided.

The following required services are provided to all medically needy individuals;

1. Pre-natal care and delivery services for pregnant women;
2. Inpatient Hospital Services;
3. Skilled Nursing Facility Services
4. Home Health Services, or nursing services if a home health agency is unavailable;
5. Services in an institution for mental diseases or an intermediate care facility for the mentally retarded;
6. Ambulatory Services:
  - a. Early and periodic screening and diagnosis of persons under 21 years of age and all medical treatment and dentists' services found necessary by this screening and diagnosis;
  - b. Mandatory services provided by any hospital outpatient clinic;
  - c. Family planning services and supplies;
  - d. Nurse midwifery services.

\*Description provided on attachment.

TN No. 86-0035

Supersedes

TN No. 86-0601

Approval Date

3/23/87  
5/5/86

Effective Date

10-1-86  
3/1/86

HCFA ID: 0140P/0102A

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7. Physician services, excluding mental health services;
  3. Rural health clinic services;
  9. Laboratory and radiology services.

HCFA-179 # 85-0167 Date Rec'd 1/3/86  
Supersedes 83-0113 Date Appr. 1/16/86  
State Rep. In. \_\_\_\_\_ Date Eff. 10/1/85

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TN# \_\_\_\_\_  
Supersedes  
TN# \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date 10-1-85

## AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): ALL

The following optional services are available to all medically needy individuals:

1. Transportation by emergency medical vehicle to obtain emergency medical care, transportation by specialized medical vehicle to obtain medical care or, if authorized in advance by the county department of public welfare or social services, transportation by common carrier or private motor vehicle to obtain medical care;
2. Physical and occupational therapy;
3. Speech, hearing and language disorder services;
4. Medical supplies and equipment;
5. Insulins, antacids, analgesics, cough preparations and ophthalmic lubricants listed in the Wisconsin Medicaid Drug Index;
6. Antibiotic, anticonvulsant, psychotropic and muscle relaxant legend drugs listed in the Wisconsin Medicaid Drug Index;
7. Physician services;
8. Rural health clinic services;
9. Laboratory and radiology services;
10. Personal Care - effective 7/1/88;
11. Case Management.
12. Hospice
13. Respiratory Care
14. Optometrists' Services
15. Chiropractors' Services
16. Private Duty Nursing
17. Dental Services
18. Dentures
19. Eyeglasses
20. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan;

TN # 90-32

Supercedes

TN #89-0012

Approval Date 1-24-91Effective Date 10/1/90

STATE OF WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): ALL

21. Inpatient hospital services for individuals age 65 or older in instituting for mental diseases;
22. Inpatient psychiatric facility services for individuals under 22 years of age;
23. Federally qualified health care center services.

TN#: 90-0032  
Supercedes  
TN#: 89-0012

Approval Date 1-24-91 Effective Date 10/1/90

State/Territory: WISCONSIN

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations\*

- 2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

☒ Provided: ☐ No limitations ☒ With limitations\*

3. Other laboratory and X-ray services.

☒ Provided: ☒ No limitations ☐ With limitations\*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations\*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 91-0024

Supersedes

Approval Date 12-9-91

Effective Date 10/1/91

TN No. 89-0012

91-0019

HCFA ID: 7986E

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY  
GROUP(s): \_\_\_\_\_

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5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided:      No limitations X With limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided:      No limitations X With limitations:

\*Description provided on attachment.

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TN No. 93-022  
Supersedes 93-002 Approval Date 7-15-93 Effective Date 4/1/93

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services - Effective 7-1-90
- ☒ Provided: ☐ No limitations ☒ With limitations\*
- b. Optometrists' Services
- ☒ Provided: ☐ No limitations ☒ With limitations\*
- c. Chiropractors' Services
- ☒ Provided: ☐ No limitations ☒ With limitations\*
- d. Other Practitioners' Services - Effective 7-1-90
- ☒ Provided: ☐ No limitations ☒ With limitations\*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
- ☒ Provided: ☐ No limitations ☒ With limitations\*
- b. Home health aide services provided by a home health agency.
- ☒ Provided: ☐ No limitations ☒ With limitations\*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
- ☒ Provided: ☐ No limitations ☒ With limitations\*

\* Description provided on attachment.

TN #90-32  
Supersedes  
TN # 90-27

Approval Date 1-24-91 Effective Date 10/1/90

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided:      ☐ No limitations      ☒ With limitations\*

TN #90-27  
Supersedes  
TN # NEW

Approval Date 11-5-90      Effective Date 7-1-90



State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations\*

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
Same as physicians.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations\*

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

☒ Provided: ☐ No limitations ☒ With limitations\*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations\*

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations\*

\* Description provided on attachment.

TN No. 96-007  
Supersedes  
TN No. 95-022

Approval Date APR 22 1996

Effective Date 1-1-96  
HCFA ID: 0140P/0102A

LT09081.CS/SP

State/Territory: WISCONSIN

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

- c. Prosthetic devices.  
☒ Provided: ☐ No Limitations ☒ With Limitations\*
- d. Eyeglasses.  
☒ Provided: ☐ No Limitations ☒ With Limitations\*
- 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.  
☒ Provided: ☒ No Limitations ☐ With Limitations\*
- b. Screening services.  
☒ Provided: ☒ No Limitations ☐ With Limitations\*
- c. Preventive services.  
☒ Provided: ☒ No Limitations ☐ With Limitations\*
- d. Rehabilitative services.  
☒ Provided: ☐ No Limitations ☒ With Limitations\*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.  
☒ Provided: ☒ No Limitations ☐ With Limitations\*
- b. Skilled nursing facility services. Effective 7-1-88  
☒ Provided: ☐ No Limitations ☒ With Limitations\*

\*Description provided on attachment.